


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N33097					
1. Entity Name SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, INC.					
Principal Place of Business 820 PALMWAY ST. KISSIMMEE, FL 34744 US			Mailing Address 820 PALMWAY ST. KISSIMMEE, FL 34744 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WORLD OF HOMES 820 PALMWAY ST. KISSIMMEE, FL 34744				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Vicki Diaz</u>		<u>[Signature]</u>		DATE <u>2-1-05</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETILLO, CARNEY		NAME		
STREET ADDRESS	1931 TIPTREE CR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSI, AL		NAME		
STREET ADDRESS	12504 BRITWELL		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32837		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, RUBY		NAME		
STREET ADDRESS	12541 W HOPE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32837		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASSARD, DENNIS		NAME		
STREET ADDRESS	2027 TIPTREE CR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORELLI, HOLLY		NAME		
STREET ADDRESS	11820 HULLBRIDGE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32837		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SFARA, KAREN		NAME		
STREET ADDRESS	12440 BRAXTEN RD		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32837		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.					
SIGNATURE: <u>[Signature]</u>		Date <u>2/1/05</u>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



01172005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3037109 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

UN0000225938
 02/11/05-80057-022 \$1.25